

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	
Filing Date::	
Application Type::	Regular (371 National Entry)
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD FOR TREATING NEUROLOGICAL DISORDERS
Attorney Docket Number::	701039-054385
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin name::	

Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Larry
Middle Name::	I.
Family Name::	Benowitz
Name Suffix::	
City of Residence::	Newton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	45 Moreland Avenue
City of mailing address::	Newton
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02159

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Dietmar
Middle Name::	
Family Name::	Fischer
Name Suffix::	
City of Residence::	Dornstadt-Tomerdingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Wannenmacher Strasse 22
City of mailing address::	Dornstadt-Tomerdingen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	89160

CORRESPONDENCE INFORMATION

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State or Province of mailing address::	MA
Country of mailing address::	US
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REPRESENTATIVE INFORMATION

Representative Customer Number::	50828
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OR

Representative Designation::	Registration Number::	Representative Name::
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Attorney of Record	34,235	David S. Resnick
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Agent	58,109	Candace M. Summerford
Attorney	30,727	Michael L. Goldman

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	371 National Stage of	PCT/US2004/042255	12/16/2004
PCT/US2004/042255	An application claiming the benefit under 35 USC 119(e)	60/529,833	12/16/2003

FOREIGN PRIORITY INFORMATION

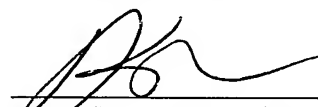
Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
Street of mailing address::	55 Shattuck Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Date: 5/27/06

Respectfully submitted,



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